DOCUMENT RESUME

ED 358 675 EC 302 294

AUTHOR	Salisbury, Christine L.; Smith, Barbara J.
TITLE	Effective Practices for Preparing Young Children with Disabilities for School. ERIC Digest #E519.
INSTITUTION	Council for Exceptional Children, Reston, Va.; ERIC Clearinghouse on Disabilities and Gifted Education, Reston, VA.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	EDO-EC-93-2
PUB DATE	Jun 93
NOTE	3p.
AVAILABLE FROM	Council for Exceptional Children, Publication Sales, 1920 Association Dr., Reston, VA 22091-1589 ($1 each, minimum order $5 prepaid).
PUB TYPE	Information Analyses - ERIC Clearinghouse Products (071)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Delivery Systems; *Disabilities; *Early Childhood Education; *Early Intervention; *Educational Practices; *Educational Principles; Individualized Programs; Instructional Effectiveness; Interdisciplinary Approach; Mainstreaming; Program Effectiveness; School Readiness

ABSTRACT

This brief paper summarizes research findings concerning the identification and implementation of effective practices in early childhood intervention for children with disabilities. First, research documenting the effectiveness of early childhood intervention is noted and the importance of developing individualized programs within integrated early childhood settings is stressed. Next, five general principles to guide the selection of effective practices are offered. These include: (1) services in the least restrictive and most natural environment; (2) services which are family-centered; (3) transdisciplinary service delivery; (4) inclusion of both empirically driven and value-driven practices; and (5) inclusion of both developmentally and individually appropriate practices. (Contains 15 references.) (DB)

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ERIC Digest

June 1993 **EDO-EC-93-2**

#E519

ED358675

Effective Practices for Preparing Young Children with Disabilities for School

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Research Shows Childhood Intervention Makes a Difference

Over 50 years of research on children with many types of disabilities receiving a range of specialized services in many different settings has produced evidence that early intervention can: (1) ameliorate, and in some cases, prevent developmental problems; (2) result in fewer children being retained in later grades; (3) reduce educational costs to school programs; and (4) improve the quality of parent, child, and family relationships. Much of what we know about early intervention effectiveness is drawn from this diverse historical base of information.

More recently, researchers have begun asking a more rigorous and differentiated question: For whom and under what conditions is early childhood intervention most effective? This more sophisticated question focuses on the effects of various interventions for specific groups of children relative to the type of program they received. Data from well-controlled research studies indicate that young children with disabilities (e.g., Down syndrome, autism, cerebral palsy, sensory impairments), and those who evidence biological (e.g., low birth weight, premature) and environmental risk factors make significant gains on both qualitative and quantitative measures of development when provided appropriate services. The involvement of their parents in reinforcing critical skills in natural contexts is an important factor associated with the magnitude of the child's progress (Guralnick, 1989).

In addition to encouraging parent involvement it has been found that the most effective interventions are those that also: (1) occur early in the child's life, (2) operate from a more structured and systematic instructional base, (3) prescriptively address each child's assessed needs, and (4) include normally developing children as models. Programs with these characteristics produce the most reliable, significant, and stable results in child and family functioning (DeStefano, Howe, Horn, & Smith, 1991; Hanson & Lynch, 1989; McDonnell & Hardman, 1988).

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The "Best Program" Depends Upon the Specific Needs of the Child

Conceptually, the fields of early childhood and early childhood special education promote the incorporation of instructional goals and curriculum content into normally occurring routines in the home, preschool, daycare center, and kindergarten settings (Bredekamp, 1987; Rainforth & Salisbury, 1988). Recognizing that children with special needs require efficient, effective, and functional instruction directed at achieving socially and educationally valid outcomes (Carta, Schwartz, Atwater, & McConnell, 1991), it is important that practitioners identify the nature of each child's needs and the extent to which accommodations and supports will be necessary for each child to be successful. Instructional arrangements, curriculum content, and instructional procedures can and should be varied to coincide with the intensity of each child's learning needs. Such accommodations increase the likelihood that children with special needs can be included in a vast array of typical classroom activities.

While many state and local agencies are still grappling with the issue of what kind of service delivery models they will endorse, it is clear that the special education and related services needs of young children with identified or at-risk conditions can be appropriately met in settings that include normally developing children (e.g., daycare, typical preschools, Head Start, regular classrooms) (Guralnick, 1990; Hanson & Hanline, 1989; Templeman, Fredericks, & Udell, 1989). Integrated settings have, in fact, been found to produce higher proportions, rates, and levels of social, cognitive, and linguistic skills in children with disabilities than segregated settings (Brinker, 1985; Guralnick, 1990).

General Principles to Help Guide the Selection of Practices

Five general principles can be used to guide the selection of effective practices: least restrictive environment, family-centered services, transdisciplinary service delivery, inclusion of both empirical and value-driven practices, and inclusion of both developmentally and individually appropriate practices.

1. Least Restrictive and Most Natural Environment

Individuals with Disabilities Education Act (PL 99-457) states that children should be placed in the least restrictive environment or the most natural setting. This is not simply a placement issue, however; the method of providing services, regardless of setting, should allow for maximum participation in the "mainstream." Despite the limitations that a disability might place on a child's and family's ability to lead an ordinary existence, good services should promote the potential for "normal" rather than "disabled" routines by providing fun environments that stimulate children's initiations, choices, and engagement with the social and material ecology. Programs should focus on preparing children for the next, less restrictive, environment.

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2. Family-Centered Services

A second principle is that service delivery models should (a) recognize that the child is part of a family unit; (b) be responsive to the family's priorities, concerns, and needs; and (c) allow the family to participate in early intervention with their child as much as they desire (Bailey, McWilliam, & Winton, 1992). Services that previously might have been geared almost exclusively toward children must have the flexibility, expertise, and resources to meet the needs of other members of the family as those needs relate to the child's development (Public Law 99-457). It is strongly recommended that service providers give families choices in the nature of services; match the level of intensity of services desired by the family; and provide center-based services close to where families live.

3. Transdisciplinary Service Delivery

One model for increasing the opportunity for family members to make meaningful decisions and participate in early intervention is transdisciplinary service delivery (Raver, 1991). This model involves team members sharing roles: each specialist helps other members to acquire skills related to the specialist's area of expertise. This requires both role release (accepting that others can do what the specialist was trained specifically to do) and role acceptance (accepting that one's job can include more than what one was specifically trained to do). Transdisciplinary service delivery encourages a whole-child and whole-family approach, allows for the efficient use of the primary interventionist (i.e., the child and family do not always need to see many different specialists), and fosters skill development in everyone.

4. Inclusion of Both Empirically and Value-Driven Practices

Empirical research has shown that practices should include such features as adult:children ratios that maximize safety, health, and promotion of identified goals; barrier-free environments; and environments that promote high levels of engagement. Practices guided by values include having someone available to speak the family's preferred language; basing communication with family members upon principles of mutual respect, caring, and sensitivity; making environments safe and clean; employing clinic-based services *only* when they are identified as the least restrictive option; and giving opportunities for the family to have access to medical decision-makers.

5. Inclusion of Both Developmentally and Individually Appropriate Practice

"Developmentally appropriate practice" (DAP) refers to educational methods that promote children's self-initiated learning (Bredekamp, 1987) with emphasis on individualization of services in response to children's characteristics, preferences, interests, abilities, and health status and curricula that are unbiased and nondiscriminatory around issues of disability, sex, race, religion, and ethnic/cultural origin.

The reality of today's society is that any child, on a given day, may be a child with special needs. Recognizing this fact, it is important that local preschool and early education programs tailor curriculum and instructional practices to fit the diversity represented in their classrooms. Adapting the "standard" to fit those who may not fall within expected margins is a strategy necessary for effective teaching and learning and one that enhances the likelihood that children will feel and be successful.

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This digest was developed from selected portions of the following publications:

DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families, 1993. Reston, VA: Division for Early Childhood, The Council for Exceptional Children. Stock No. D417.

Salisbury, C. L. (1990). *Providing Effective Early Intervention Services: Why and How?* Pittsburgh, PA: Allegheny-Singer Research Institute, ED 340160.

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This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RI88062007. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.